## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
The 2016 Committee	
	C C00569905
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
ECG DATÁ CENTER	11 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 SPRING HILL ROAD	A
SUITE 490	Amount
City State Zip Code	434.90
MCLEAN VA 22102-3028	Transaction ID : SE24.93674 Date of Disbursement or Obligation
Purpose of Expenditure LIST RENTAL EXPENSES  Category/ Type 004	11 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
TRUMP, DONALD, , , Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	Other (specify) ▶
Full Name of Payee ECG DATA CENTER	Date of Public Distribution/Dissemination  11 06 2016
Mailing Address 1420 SPRING HILL ROAD	11 00 2010
SUITE 490	Amount
City State Zip Code	434.90
MCLEAN VA 22102-3028	Transaction ID : SE24.93675 Date of Disbursement or Obligation
Purpose of Expenditure LIST RENTAL EXPENSES  Category/ Type 004	11 29 / 2016
Name of Federal Candidate Support Offic	e Sought: House District:
CLINTON, HILLARY, , ,	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disb 2016	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	869.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Frank, Robert, , , [Electronically Filed] Date	1 30 2016
Olymature	